Office of Commonwealth Preparedness: Status of Recommendations of the January 5, 2006 Report of the Policy Transition Committee On Commonwealth Preparedness

Committee on Commonwealth Preparedness

Introduction

On January 5, 2006 the Office of the Governor-Elect Committee on Commonwealth Preparedness prepared and provided to the Governor a report containing numerous recommendations for improving the Commonwealth preparedness. The Committee assumed that future disasters both man made and natural would occur within the Commonwealth. The Committee also assumed that regional planning and funding for state emergency organizations were critical to Commonwealth preparedness.

The Committee identified many high level areas of focus including the need to enhance collaboration, coordination and communications between government organizations, the private sector and the public of the Commonwealth. The Committee recognized that collaboration and coordination of preparedness and response responsibilities across organizations is essential and that inhibiting systems must be replaced. The Committee further recommended improving communications including improved public knowledge of Commonwealth capabilities during emergencies, establishing a statewide citizen's alert system and examining the role of public-private partnerships in emergency planning and implementation. The Committee recommended that in order to enhance collaboration and coordination that consideration be given to making the Office of Commonwealth Preparedness overall responsible for "Preparedness Organization" as described in the National Incident Management System and for the primary state level organizations for emergency preparedness activities.

The Committee provided further guidance that standards be developed to define threat levels that would precipitate Executive branch authorities including invoking marshal law; developing lessons learned and best practices that borrow from the experience of other states and the federal government; review and consideration of the suggestions made by the September 2005 Joint Legislative Audit and Review Commission; address discrete issues concerning health hazards such as first responder identification, impact on the special needs community and pandemic quarantines.

The Committee concluded by recommending that the Governor develop a system that provides a Commonwealth wide view while at the same time recognizing that first responders will begin reporting and taking action at the local level. The Committee recommended consideration for simultaneously moving forward in reviewing the work of the Secure Commonwealth Panel to determine which recommendations can be promptly adopted and the formation of a Blue Ribbon panel to analyze the existing Virginia system and give recommendations for improvement.

The Committee report contained eight issue areas each with multiple recommendations and/or goals. The eight areas are as follows:

- 1. Health and Medical Emergency Preparedness and Support Services
- 2. State Planning and Coordination
- 3. Improve Commonwealth Relationships with the Private Sector
- 4. Local Issues: Pre and Post
- 5. Communications: Public Safety Communications Operability and Interoperability
- 6. Preparedness: Education and Training
- 7. Capitol Region
- 8. Hampton Roads

This report will address the issue areas outlined within the Committee report and provide a current status of the recommendations and goals. The current status will be indicated by a green, yellow or red indicator by the recommendation or goal. These indicators will correspond to the following assessments:

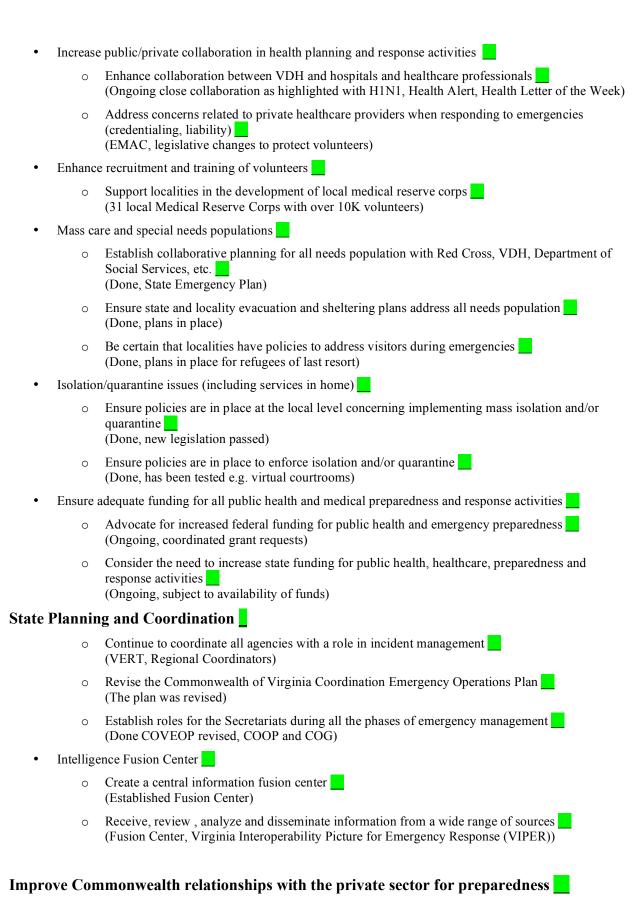
Green this recommendation and/or goal has been substantially met and is either complete or in a steady state for ongoing initiatives.

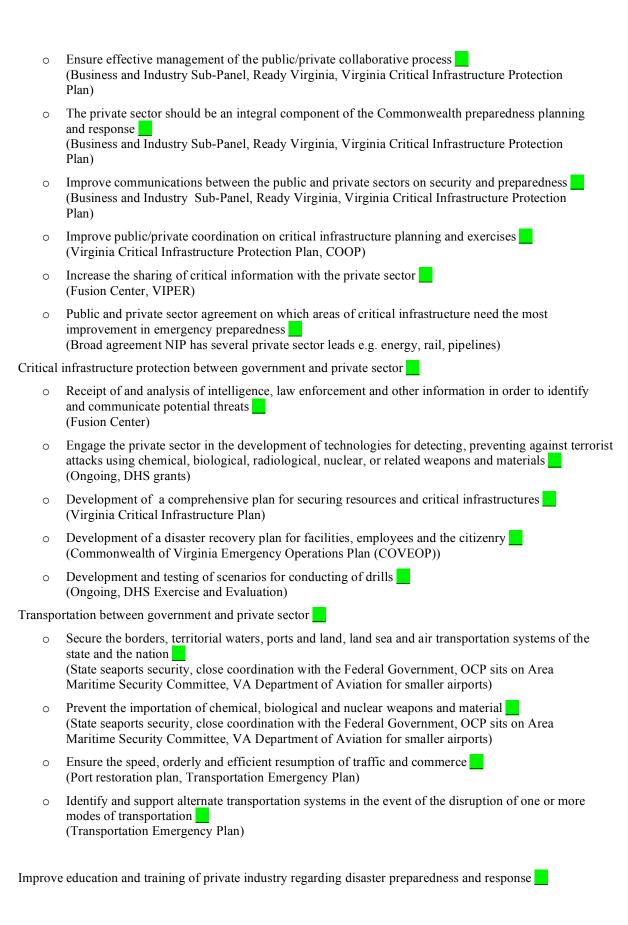
Yellow this recommendation and/or goal has been partially met with continued activities required.

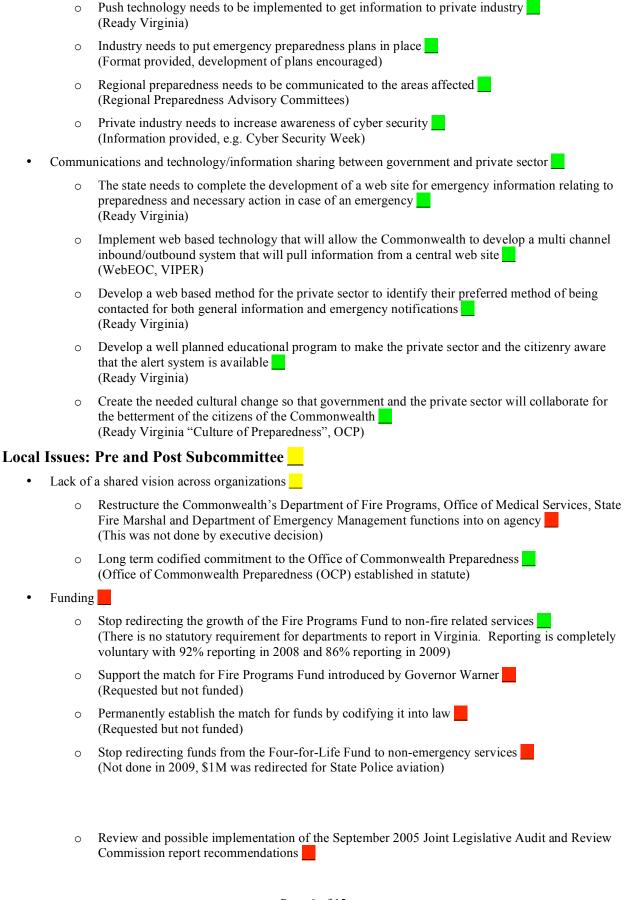
Red this recommendation and/or goal was not met either by executive decision and/or dependency on activities outside the control of the Executive Branch.

Ensure public health and healthcare surge capacity Continue to support increased hospital surge capacity (Bed tracking) Support and if possible expand, the trauma system in Virginia (Enhanced collaboration and coordination, Emergency Management Assistance Compact (EMAC)) Ensure the ability to provide mass prophylaxis with medications or vaccines Continue ability to manage the Strategic National Stockpile (Ongoing, highest rating maintained) Incorporate mass dispensing efforts into specific plans (Done, plan being enacted now as part of H1N1) Mental health support of responders, providers and the public Support mental health planning and response at least 18-24 months beyond event (Not funded, if a National Emergency is declared funding could be available via the Stafford Act) Mortality management Develop state mortuary response team and disaster portable mortuary unit (Response capability established Community Emergency Response Teams (CERTS), no mobile unit but have identified regional locations, e.g. climate controlled seedling facility with Department of Forestry) Develop private public partnership to plan for body recovery and preservation (Have significant public private relationships, medical reserve corps) Develop MOUs with federal agencies acknowledging Virginia jurisdiction in Virginia (Very good working relationships, EMAC) Develop single interoperable computer system for missing persons and unidentified body parts (This is not cost effective and if needed the services could be requested from the Federal Government and/ or other States such as New York) Develop policies for testing fragmented remains and unclaimed hazardous remains (This is not cost effective and if needed the services could be requested from the Federal Government and/or other States such as New York) Develop a family assistance center that will work with the OCME to provide services and support to families (Plans in place but needs additional refinement and has not yet been tested) Ensure the ability to respond to all infectious disease outbreaks and other hazards Provide surveillance and investigation capability for a broad range of infectious diseases, chemical and radiological hazards (Unidentified substance protocol developed, Fusion Center) Establish and maintain surveillance systems statewide (Fusion Center) Maintain laboratory capability to identify and monitor chemical and biological hazards (State Laboratory) Cross agency approach to respond and handle suspicious substances (Protocol established, Fusion Center) Enhance public information and outreach for a broad range of threats (Ready VA, Health Alert System, Health Letter of the Week)

Health and Medical Emergency Preparedness and Support Services







(This is related to the consolidation of VDFP, OEMS and VDEM; this was not done by executive decision) Continue to provide matching funds for the federal grant program, Staffing for Adequate Fire and Emergency Response (SAFER) (In 2006, \$250K was provided; there has been no matching funds allocated since then) No fire department in Virginia currently meets the Safe Staffing Standard (NFPA 1710). Encourage localities to improve this via SAFER (There is no state requirement mandating compliance with NFPA 1710 (Career) and NFPA 1720 (Volunteer); the Virginia program has however been responsible for 80,000 nationally recognized certifications since 2005) Training Forge a strong permanent relationship between the VCCS, VDFP, OEMS and VDEM (CPWG) Consolidate VDFP, OEMS and VDEM under on Secretariat (This was not done by executive decision) The VCCS would be responsible for academic curricula and the state training department would be utilized for hands on skills (This was not done by executive decision) Virginia should avail itself to the free accredited training that meets national standards which is being delivered by public and private contractors funded through federal grant programs (Ongoing, incentives to provide training for Virginia Community College System (VCCS)) Pre and post critical incident first responder health and documentation issues Compel every public safety employer to use a standardized method of screening employees to establish baseline health and a DNA databank should be established for first responders (This was not deemed cost efficient, not within legal authority) Establish a master injury/exposure report form to document any incident where a first responder either suffers exposure and/or injury (Existing OSHA/OWCP process) Appoint a Health, Hardship and Safety Officer at an executive level to quickly coordinate the request for assistance from localities where first responders are overwhelmed (Legislation to create introduced in last two years) The Workers Compensation Act must be overhauled with a process for the speedy processing of mass injury and/or death of public safety employees (Existing OSHA/OWCP process) The Commonwealth should consider the implementation of a second tier of emergency response other than a declaration of a state emergency (Existing state law provides for multiple tiers of response) Communications: Public Safety Communications Operability and Interoperability Statewide alerting network: notification to responders and citizens

Develop a statewide alerting network to provide information to first responders and localities

Develop a partnership with commercial wireless vendors to explore methods of establishing an

(It was not deemed feasible to develop a automatic subscription service across the board; some

Provide a statewide citizen alerting application to provide information to citizens

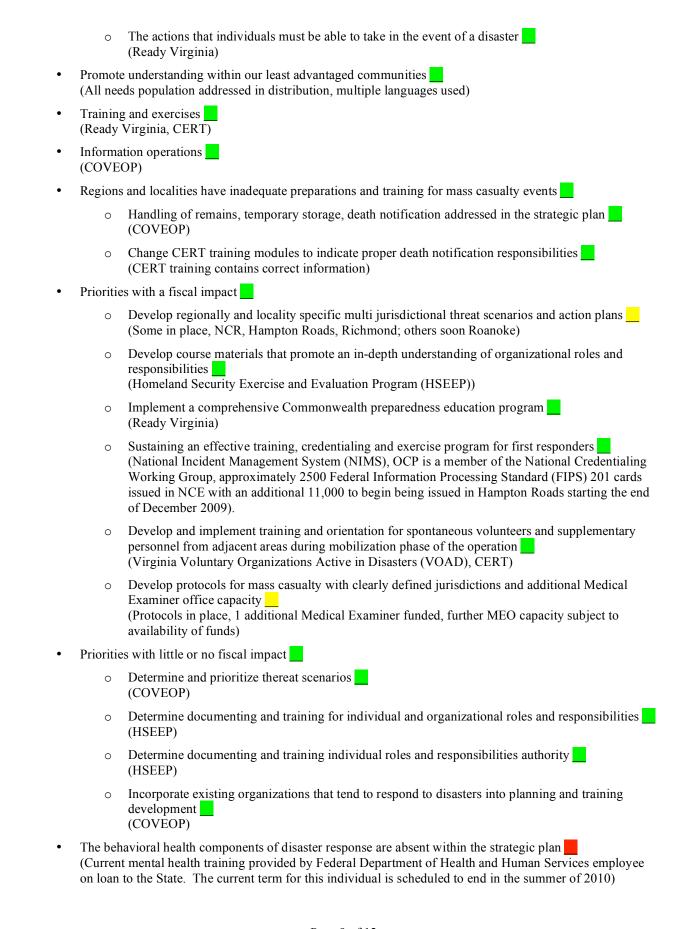
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(State Interoperability Strategic Plan)

automatic subscription to the notification process

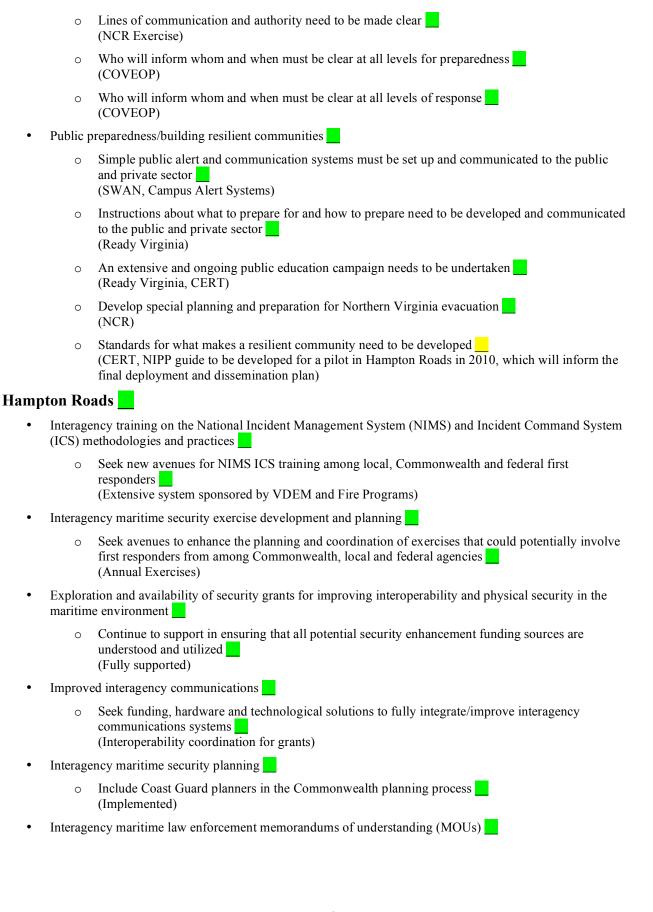
(Ready Virginia)

		sectors such as public health have established multiple means of relaying information e.g. fax, email, phone)
	0	Develop a statewide website that will facilitates community/regional coordination in the aftermath of an emergency or disaster (Ready Virginia, WebEOC)
•	Statewic	de situational awareness: implementation of WebEOC
	0	Develop a statewide strategy/policy between the commonwealth and localities in the access and use of WebEOC [Implemented]
	0	Provide training and support the implementation of WebEOC at state and local levels [Implemented]
	0	Continue to actively participate in the Capitol Wireless Integrated Network(CapWIN) and explore opportunities where local government/agencies may benefit from mobile data (Implemented)
•	Virginia	geographic information network (VGIN): expand use to state and local levels
	0	Identify specific areas where state and local public safety may access and use the VGIN information in mapping to enhance their ability to provide public safety (VIPER)
	0	Explore the availability, awareness and use of the VGIN information into Virginia's deployment of WebEOC (VIPER)
	0	Mapping should be available to capture critical infrastructure assists from which specific interests can be generated in a timely fashion (VIPER)
•	Virginia	fusion center: expand information sharing to state and local government and public safety
	0	Include local representation in the development of the Virginia Statewide Fusion Center to provide (Implemented)
	0	Explore and determine the best methods to build relationships of trusts and credibility across all disciplines (Virginia Information Sharing Working Group (VISWG))
	0	Explore expansion of state information sharing into the federal programs (VISWG)
	0	Utilize statewide alerting network/application to provide timely information sharing (Statewide Alert Network (SWAN))
Prepa	redness	: Education and Training
•		priority threat scenarios to guide planning and preparation COVEOP)
•		o/promote locality specific, threat based multi jurisdictional action plans al Planner, Regional Planning Working Group(s) (RPWG))
•	Aggress	vive education programs
	0	That provide an understanding of salient threats (Ready Virginia)
	0	The roles and responsibilities of relevant government agencies and private threats (Ready Virginia)



	 Emergency and administrative officials (No funding or personnel available)
	 Fist responders, medical examiners, public health staff, hospital staff (No funding or personnel available)
	 Mental health agencies, centers, professional groups
	 Individual providers who may serve as volunteer support providers
	 Faith based groups that tend to respond to disasters (No funding or personnel available)
	 Relief agencies affiliated with disaster response work (No funding or personnel available)
	 Event personnel such as state fair workers/volunteers (No funding or personnel available)
	 Train school personnel in addressing disaster behavioral health components with students, parents and staff (No funding or personnel available)
0	Incorporate behavioral health into the Commonwealth's strategic plan in a clear manner:
	 Expanding on the incorporation of behavioral health within the National Response Plan target capabilities section per recommendations of the Governor's TADBHAC (Not addressed in the Strategic plan but activities are in progress)
	 Requiring that local emergency operations plans include an al hazards regional disaster mental health plan approved by DMRMRSAS disaster planning director and submitted by community service boards (Not addressed in the Strategic plan but activities are in progress)
	 Merging the pandemic plans of the VDH with local emergency operations plans and including the behavioral health components (Not addressed in the Strategic plan but activities are in progress)
Capitol Regi	on 🚾
• There r	eeds to be integration of state preparedness structures
0	Put one office in charge (Executive Order 44)
0	Establish a regional approach (RPWGs)
0	Establish a standards based approach [[[Fire Programs Standards and Assessment]
• Relatio	nships with federal departments (including the military) and agencies must be clear
0	Local jurisdictions must be included in decision making between state and federal authorities (RPWG, integrated decision making)
0	The state needs to support localities so they can efficiently interact with federal authorities (OCP, RPWGs)
• Comm	inication at all levels must be clear and timely

Provide standardized training in disaster behavioral health developed/reviewed and approved by the Terrorism and Disaster Preparedness Behavioral Health Advisory Council (TADBHAC) for:



	0	Continue to support the development of MOUs between the Coast Guard and other local law enforcement jurisdictions (MOUs for all areas almost complete)	
•	Intra-ju	risdictional chain of command	
	0	Seek to enact legislation that strengthens the authority and expertise base of regional and State level EOC Directors (All Regions required to have a Designated Emergency Manager)	
•	Evacuat	tion plan for coastal region during a natural disaster	
	0	Review and revise pre-planned evacuation routes [[[Implemented]	
	0	Establish/revise timelines to begin moving the masses [
	0	Secure public/private transportation [Implemented]	
•	First responder/citizen involvement		
	0	Expand the role of the first responder/citizen (Medical Reserve Corps, VERT)	
•	Military involvement		
	0	Establish coordination between the state and local federal military agencies (Virginia Military Advisory Council)	
	0	Plan for the families of the Hampton Roads military (Extensive cooperation and coordination for on and off base)	